

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2	1						
3		2					
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	IND		DEP		IND		DEP		
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